

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		3				
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50						
TOTAL IND.	1		↓		↓	
TOTAL DEP.	8		↔		↔	
TOTAL CLAIMS	0	1		1	1	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	
TOTAL DEP.			↔		↔	
TOTAL CLAIMS		1		1	1	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS